FORM D

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

#### FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** NIFORM LIMITED OFFERING EXEMPTION

|          | ·              |
|----------|----------------|
| OMB      | APPROVAL       |
| OMB Numl | per: 3235-0076 |
| Expires: | April 30, 2008 |
|          | verage burden  |

1421136

hours per response. . . . 16.00

| SEC USE ONLY |               |        |  |  |  |  |  |  |  |  |
|--------------|---------------|--------|--|--|--|--|--|--|--|--|
| Prefix       | ·             | Serial |  |  |  |  |  |  |  |  |
|              |               |        |  |  |  |  |  |  |  |  |
| D.           | DATE RECEIVED |        |  |  |  |  |  |  |  |  |
|              | 1             |        |  |  |  |  |  |  |  |  |

| Name of Offering (□check if this is an          | amendment and nar    | me has changed     | , and indicate ch | ange.)           |                         |
|-------------------------------------------------|----------------------|--------------------|-------------------|------------------|-------------------------|
| Units of Suburban Gas - Shelby Series Class     | B Membership In      | nterests           |                   |                  |                         |
| Filing Under (Check box(es) that apply):        | □ Rule 504 □         | Rule 505           | ■ Rule 506        | ☐ Section 4(6)   | ☐ ULOE                  |
| Type of Filing:   New Filing                    | ☐ Amendment          |                    |                   |                  | BBAACCAC                |
|                                                 | A. BASIC I           | IDENTIFICA         | TION DATA         | ₽                | FROUESSED               |
| 1. Enter the information requested about the    | issuer               |                    |                   | 1                | > 250 1 1003            |
| Name of Issuer (☐ check if this is an amendment | ent and name has ch  | hanged, and indi   | cate change.)     |                  | DEC 1 4 2007            |
| ThompsonGas Propane Holdings, LLC               |                      |                    |                   |                  | <del></del>             |
| Address of Executive Offices                    | (Number and Stree    | et, City, State, Z | (ip Code)         | Telephone Number | r (Including POWSON     |
| 1850 Dual Highway, Suite 203, Hagerstown        | MD 21740             |                    |                   | (301) 432-6611   | FINANCIAL               |
| Address of Principal Business Operations        | (Number and Stree    | et, City, State, Z | (ip Code)         | Telephone Number | r (Including Area Code) |
| 1850 Dual Highway, Suite 203, Hagerstown        | MD 21740             |                    |                   | (301) 432-6611   |                         |
| Brief Description of Business:                  |                      |                    | · · · · ·         |                  |                         |
| Propane distribution and appliances sales.      |                      |                    |                   |                  |                         |
|                                                 |                      |                    |                   |                  |                         |
| Type of Business Organization                   |                      |                    |                   |                  |                         |
| ☐ corporation                                   | ☐ limited partners   | ship, already for  | med               | 🗷 other (p       | lease specify): Limited |
| ☐ business trust                                | ☐ limited partners   | ship, to be forme  | ed                |                  | Liability Company       |
|                                                 |                      | Month              | Year              |                  |                         |
| Actual or Estimated Date of Incorporation or (  | Organization:        | 0 111              | [0   7 ]          | ☐ Actual         | ■ Estimated             |
| Jurisdiction of Incorporation or Organization:  | (Enter two-letter U. | J.S. Postal Servi  | ce abbreviation f | or State:        |                         |
| ·                                               | CN for Canada: El    | N for other fore   | an inrisdiction)  | IDIEI            |                         |

#### **GENERAL INSTRUCTIONS**

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



#### Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Executive Officer ☐ Director ■ General and/or ■ Beneficial Owner Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) TG Energy, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 1850 Dual Highway, Suite 203, Hagerstown, MD 21740 ☐ Beneficial Owner Executive Officer □ Director ☐ General and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Thompson, J. Randall Business or Residence Address (Number and Street, City, State, Zip Code) 1850 Dual Highway, Suite 203, Hagerstown, MD 21740 Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Kerns, G. Jeffery Business or Residence Address (Number and Street, City, State, Zip Code) 1850 Dual Highway, Suite 203, Hagerstown, MD 21740 ☐ Executive Officer ☐ Director ☐ General and/or Check Box(es) that Apply: □ Promoter ■ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Shelby Propane Gas Company, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 8052 Highway 55, Montevallo, AL 35115-0446 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ■Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ General and/or ☐ Beneficial Owner ☐ Executive Officer ☐ Director Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

A. BASIC IDENTIFICATON DATA

| Check Box(es) that Apply:     | ☐ Promoter         | ☐ Beneficial Owner           | ☐ Executive Officer | ☐ Director | ☐ General and/or  Managing Partner   |
|-------------------------------|--------------------|------------------------------|---------------------|------------|--------------------------------------|
| Full Name (Last name first,   | if individual)     |                              |                     |            |                                      |
| Business or Residence Addr    | ess (Number and St | reet, City, State, Zip Code) |                     |            |                                      |
| Check Box(es) that Apply:     | ☐ Promoter         | ☐ Beneficial Owner           | ☐ Executive Officer | ☐ Director | ☐ General and/or<br>Managing Partner |
| Full Name (Last name first,   | if individual)     |                              |                     |            |                                      |
| Business or Residence Address | ess (Number and St | reet, City, State, Zip Code) |                     |            |                                      |
| Check Box(es) that Apply:     | ☐ Promoter         | ☐ Beneficial Owner           | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner    |
| Full Name (Last name first,   | if individual)     |                              |                     |            |                                      |
| Business or Residence Addr    | ess (Number and St | reet, City, State, Zip Code) |                     |            |                                      |
| Check Box(es) that Apply:     | ☐ Promoter         | ☐ Beneficial Owner           | ☐ Executive Officer | ☐ Director | ☐ General and/or<br>Managing Partner |
| Full Name (Last name first,   | if individual)     |                              |                     |            |                                      |
| Business or Residence Addre   | ess (Number and St | reet, City, State, Zip Code) |                     |            |                                      |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| ,          |                           |                                     |                                 | <del> </del>                                                  | B. INI                            | FORMAT                                 | ION ABO                                | UT OFFE               | RING                                      |                                        |                                          |                 |              |
|------------|---------------------------|-------------------------------------|---------------------------------|---------------------------------------------------------------|-----------------------------------|----------------------------------------|----------------------------------------|-----------------------|-------------------------------------------|----------------------------------------|------------------------------------------|-----------------|--------------|
|            |                           |                                     |                                 |                                                               |                                   |                                        |                                        | <del></del>           |                                           |                                        |                                          | Yes             | No           |
| 1.         | Has th                    | e issuer s                          | old, or do                      | es the issue                                                  |                                   |                                        | n-accredite<br>x, Column 2,            |                       |                                           | ring?                                  | **************                           | . 🗆             | ×            |
| 2.         | What                      | is the mir                          | ilmum inv                       | estment that                                                  | will be a                         | ccepted fro                            | m any indi                             | vidual?               |                                           |                                        |                                          | \$400,<br>Yes   | 000 <u> </u> |
| 3.         | Does                      | the offeri                          | ng permit                       | joint owners                                                  | ship of a s                       | ingle unit?                            |                                        |                       |                                           |                                        |                                          |                 | <u> </u>     |
| 4.         | comm<br>offerin<br>and/or | ission or<br>ng. If a p<br>with a s | similar reperson to tate or sta | quested for emuneration be listed is tes, list the habroker o | for solic<br>an associ<br>name of | itation of<br>ated perso<br>the broker | purchasers<br>n or agent<br>or dealer. | in connect of a broke | ction with<br>er or dealer<br>han five (5 | sales of se<br>registered<br>persons t | curities in<br>with the S<br>o be listed | the<br>SEC      |              |
| Ful        | l Name                    | (Last nar                           | ne first, if                    | individual)                                                   |                                   |                                        |                                        |                       |                                           |                                        |                                          |                 |              |
| Bus        | siness o                  | r Residen                           | ce Addres                       | s (Number                                                     | and Street                        | , City, Stat                           | e, Zip Cod                             | e)                    |                                           |                                        |                                          |                 |              |
| Nar        | ne of A                   | ssociated                           | Broker o                        | r Dealer                                                      |                                   |                                        |                                        |                       |                                           |                                        |                                          |                 |              |
| Stat       | tes in W                  | /hich Per                           | son Listed                      | Has Solicit                                                   | ed or Inte                        | nds to Soli                            | cit Purchas                            | ers                   |                                           |                                        |                                          |                 |              |
| (01        | 1 (( 4                    |                                     |                                 |                                                               |                                   |                                        |                                        |                       |                                           |                                        |                                          |                 |              |
| (Ch        |                           | II States" [AK]                     | or check i                      | individual S<br>[AR]                                          | tates)<br>[CA]                    | [CO]                                   | (CT)                                   | [DE]                  | [DC]                                      | [FL]                                   | [GA]                                     | …□ AllS<br>[HI] | [ID]         |
| []]        |                           | [IN]                                | [IA]                            | [KS]                                                          | [KY]                              | [LA]                                   | [ME]                                   | [MD]                  | [MA]                                      | [MI]                                   | (MN)                                     | [MS]            | [MO]         |
| [M]        |                           | [NE]                                | [NV]                            | [NH]                                                          | [NJ]                              | [MM]                                   | [NY]                                   | [NC]                  | [ND]                                      | [OH]                                   | [OK]                                     | [OR]            | [PA]         |
| [R]        | []                        | [SC]                                | [SD]                            | [TN]                                                          | [TX]                              | [UT]                                   | [VT]                                   | [AV]                  | [AW]                                      | [WV]                                   | [WI]                                     | [WY]            | [PR]         |
| Full       | l Name                    | (Last nar                           | ne first, if                    | individual)                                                   |                                   |                                        |                                        |                       |                                           |                                        |                                          |                 |              |
| Bus        | iness o                   | r Residen                           | ce Addres                       | s (Number                                                     | and Street                        | , City, Stat                           | e, Zip Code                            | e)                    |                                           |                                        |                                          |                 |              |
| Nan        | ne of A                   | ssociated                           | Broker o                        | Dealer                                                        |                                   |                                        |                                        |                       | ,                                         |                                        |                                          |                 |              |
| Stat       | es in W                   | hich Pers                           | son Listed                      | Has Solicit                                                   | ed or Inter                       | nds to Soli                            | cit Purchase                           | ers                   |                                           |                                        |                                          |                 |              |
|            |                           |                                     |                                 | ndividual S                                                   |                                   |                                        |                                        |                       |                                           |                                        |                                          | □ All S         |              |
| IA]<br>II] |                           | [AK]<br>[IN]                        | [AZ]<br>[IA]                    | [AR]<br>[KS]                                                  | [CA]                              | [CO]                                   | [CT]                                   | [DE]                  | [DC]                                      | [FL]                                   | [GA]                                     | [HI]            | [ID]         |
| [M]        |                           | [NE]                                | [NV]                            | [NH]                                                          | [KY]<br>[NJ]                      | [LA]<br>[NM]                           | [ME]<br>[NY]                           | [MD]                  | [MA]<br>[ND]                              | [MI]<br>[OH]                           | (MN)<br>(OK)                             | [MS]<br>[OR]    | [MO]<br>[PA] |
| [R]        |                           | [SC]                                | [SD]                            | [TN]                                                          | [TX]                              | (UT)                                   | [VT]                                   | [VA]                  | [WA]                                      | [WV]                                   | [WI]                                     | [WY]            | [PR]         |
| Full       | Name                      | (Last nan                           | ne first, if                    | individual)                                                   |                                   |                                        |                                        |                       |                                           |                                        |                                          |                 | -            |
| Bus        | iness o                   | r Residen                           | ce Addres                       | s (Number a                                                   | and Street                        | City, State                            | e, Zip Code                            | :)                    |                                           |                                        |                                          |                 |              |
| Nan        | ne of A                   | ssociated                           | Broker or                       | Dealer                                                        |                                   |                                        |                                        |                       |                                           |                                        |                                          |                 | ····         |
| Stat       | es in W                   | hich Pers                           | on Listed                       | Has Solicit                                                   | ed or Inter                       | nds to Solid                           | cit Purchase                           | ers                   |                                           |                                        |                                          |                 |              |
| (Ch        | eck "A                    | ll States"                          | or check i                      | ndividual Si                                                  | ates)                             |                                        |                                        |                       |                                           |                                        |                                          | □ All S         | tates        |
| [AI        |                           | [AK]                                | [AZ]                            | [AR]                                                          | [ĆA]                              | [CO]                                   | [CT]                                   | [DE]                  | [DC]                                      | [FL]                                   | [GA]                                     | [HI]            | [ID]         |
| II]<br>[M] |                           | [IN]<br>[NE]                        | [IA]<br>[NV]                    | (KS)<br>(NH)                                                  | [KY]<br>[NJ]                      | [LA]<br>[NM]                           | [ME]<br>[NY]                           | [MD]<br>[NC]          | (MA)<br>[ND]                              | [MI]<br>(OH)                           | [MN]<br>[OK]                             | (MS)<br>(OR)    | [MO]<br>[PA] |
| [RI        |                           | [SC]                                | [SD]                            | [TN]                                                          | [TX]                              | [UT]                                   | [VT]                                   | (AV)                  | [WA]                                      | [WV]                                   | [WI]                                     | [WY]            | [PA]         |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.                                                         |                             |                                 |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------|
|    | Type of Security                                                                                                                                                                                                                                                                                                                                                                      | Aggregate<br>Offering Price | Amount Already<br>Sold          |
|    | Debt                                                                                                                                                                                                                                                                                                                                                                                  | \$                          | \$                              |
|    | Equity (Suburban Gas – Shelby Series Class B Membership Interests)                                                                                                                                                                                                                                                                                                                    |                             | ·                               |
|    | Convertible Securities (including warrants)                                                                                                                                                                                                                                                                                                                                           | S                           | \$                              |
|    | Partnership Interests                                                                                                                                                                                                                                                                                                                                                                 |                             |                                 |
|    | Other (Specify)                                                                                                                                                                                                                                                                                                                                                                       |                             |                                 |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                 |                             |                                 |
|    | Answer also in Appendix, Column 3, if filing under ULOE.                                                                                                                                                                                                                                                                                                                              |                             |                                 |
| 2. | Enter the number of accredited and non-accredited investors who purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."                 | Number                      | Aggregate<br>Dollar Amount      |
|    | Accredited Investors                                                                                                                                                                                                                                                                                                                                                                  | Investors                   | of Purchases<br>\$ 2,200,000.00 |
|    | Non-accredited Investors.                                                                                                                                                                                                                                                                                                                                                             |                             | \$ <u>2,200,000.00</u>          |
|    | Total (for filings under Rule 504 only)                                                                                                                                                                                                                                                                                                                                               | -                           | <u> </u>                        |
|    | Answer also in Appendix, Column 4, if filing under ULOE.                                                                                                                                                                                                                                                                                                                              |                             | \$                              |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part CQuestion 1.                                                               |                             |                                 |
|    | Type of offering                                                                                                                                                                                                                                                                                                                                                                      | Type of<br>Security         | Dollar Amount<br>Sold           |
|    | Rule 505                                                                                                                                                                                                                                                                                                                                                                              |                             | \$                              |
|    | Regulation A                                                                                                                                                                                                                                                                                                                                                                          |                             | \$                              |
|    | Rule 504                                                                                                                                                                                                                                                                                                                                                                              |                             | \$                              |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                 |                             | <b>s</b>                        |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                             |                                 |
|    | Transfer Agent's Fees                                                                                                                                                                                                                                                                                                                                                                 |                             | \$                              |
|    | Printing and Engraving Costs                                                                                                                                                                                                                                                                                                                                                          |                             | \$                              |
|    | Legal Fees                                                                                                                                                                                                                                                                                                                                                                            |                             | \$ 10,000                       |
|    | Accounting Fees                                                                                                                                                                                                                                                                                                                                                                       |                             | \$                              |
|    | Engineering Fees                                                                                                                                                                                                                                                                                                                                                                      |                             | \$                              |
|    | Sales Commissions (specify finders' fees separately)                                                                                                                                                                                                                                                                                                                                  |                             | \$                              |
|    | Other Expenses (identify)                                                                                                                                                                                                                                                                                                                                                             |                             | \$                              |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                 |                             | \$_10,000                       |

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| b. Enter the difference between the aggregate offering price given in response to Part total expenses furnished in response to Part C-Question 4.a. This difference is the proceeds to the issuer."                                                                                                            | "adjusted gross     |                                   | <b>s</b> | 2,190,000             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------|----------|-----------------------|
| Indicate below the amount of the adjusted gross proceeds to the issuer used or properties purposes shown. If the amount for any purpose is not known, furnish an estimate left of the estimate. The total of the payments listed must equal the adjusted gross forth in response to Part C—Question 4.b above. | te and check the bo | x to the                          |          |                       |
|                                                                                                                                                                                                                                                                                                                |                     | Officers, Directo<br>& Affiliates | rs       | Payments to<br>Others |
| Salaries and fees                                                                                                                                                                                                                                                                                              |                     | \$                                |          | \$                    |
| Purchase of real estate                                                                                                                                                                                                                                                                                        |                     | \$                                |          | S                     |
| Purchasing, rental or leasing and installation of machinery and equipment                                                                                                                                                                                                                                      |                     | \$                                |          | \$                    |
| Construction or leasing of plant buildings and facilities                                                                                                                                                                                                                                                      |                     | \$                                | _ 🗆      | \$                    |
| Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)                                                                                                                 |                     | \$                                |          | \$                    |
| Repayment of indebtedness                                                                                                                                                                                                                                                                                      |                     |                                   |          | \$                    |
| Working capital                                                                                                                                                                                                                                                                                                |                     |                                   |          | \$                    |
| Other (specify): Redemptions                                                                                                                                                                                                                                                                                   |                     |                                   | _        | \$ 2,190,000          |
|                                                                                                                                                                                                                                                                                                                |                     | \$                                |          | <b>\$</b>             |
| Column Totals                                                                                                                                                                                                                                                                                                  |                     | \$                                | _ 🗷      | \$ <u>2,190,000</u>   |
| Total Payments Listed (column totals added)                                                                                                                                                                                                                                                                    |                     |                                   | ×        | \$ 2,190,000          |

## D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

| Issuer (Print or Type) ThompsonGas Propane Holdings, LLC | Signature                                  | December <u>/ Q</u> , 2007 |
|----------------------------------------------------------|--------------------------------------------|----------------------------|
| Name of Signer (Print or Type) J. Randall Thompson       | Title of Signer (Print or Type)  President |                            |

## **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

|    | E. STATE SIGNATURE                                                                                                 |     |         |
|----|--------------------------------------------------------------------------------------------------------------------|-----|---------|
| 1. | Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? | Yes | No<br>⊭ |
|    | See Appendix, Column 5, for state response.                                                                        |     |         |

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) ThompsonGas Propane Holdings, LLC | Signature                                | A    | Date December $\int 0$ , 2007 |
|----------------------------------------------------------|------------------------------------------|------|-------------------------------|
| Name of Signer (Print or Type)  J. Randall Thompson      | Title of Signer (Print or T<br>President | ype) |                               |

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

| 1     | :       | 2                                                | 3                                                                                          |                                      |                                                                | 4                                        |        |      | 5                                                      |
|-------|---------|--------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------|------------------------------------------|--------|------|--------------------------------------------------------|
|       | non-acc | to sell to<br>credited<br>s in State<br>-Item 1) | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item I) |                                      | Type of investor and amount purchased in State (Part C-Item 2) |                                          |        |      | ification ate ULOE , attach ation of granted) -Item 1) |
| State | Yes     | No                                               | Units of<br>Membership<br>Interests                                                        | Number of<br>Accredited<br>Investors | Amount                                                         | Number of<br>Non-Accredited<br>Investors | Amount | Yes  | No                                                     |
| AL    |         | х                                                | \$2,200,000                                                                                | 2                                    | \$2,200,000                                                    | 0                                        | \$0    |      | х                                                      |
| AK    |         |                                                  |                                                                                            |                                      |                                                                |                                          |        |      |                                                        |
| AZ    |         |                                                  |                                                                                            |                                      |                                                                |                                          |        | ·    | <b></b>                                                |
| AR    |         | <del></del>                                      | <del></del>                                                                                |                                      |                                                                |                                          |        |      | ļ <del></del> -                                        |
| CA    |         |                                                  |                                                                                            |                                      | - · · · · · · · · · · · · · · · · · · ·                        |                                          |        |      |                                                        |
| со    |         |                                                  |                                                                                            |                                      |                                                                |                                          |        |      |                                                        |
| СТ    |         |                                                  |                                                                                            |                                      |                                                                |                                          |        |      |                                                        |
| DE    |         |                                                  |                                                                                            |                                      | ,                                                              |                                          |        |      |                                                        |
| DC    |         |                                                  |                                                                                            |                                      |                                                                |                                          |        |      |                                                        |
| FL    |         |                                                  |                                                                                            |                                      | -1                                                             |                                          |        |      |                                                        |
| GA    |         |                                                  |                                                                                            |                                      | -                                                              |                                          |        | <br> | <del></del>                                            |
| HI    |         |                                                  |                                                                                            |                                      |                                                                |                                          |        |      |                                                        |
| ID    |         |                                                  |                                                                                            | <u> </u>                             |                                                                |                                          |        |      |                                                        |
| IL    |         |                                                  |                                                                                            |                                      |                                                                |                                          |        |      |                                                        |
| IN    |         |                                                  |                                                                                            |                                      |                                                                |                                          |        |      |                                                        |
| IA    |         |                                                  |                                                                                            |                                      |                                                                |                                          |        |      |                                                        |
| KS    |         |                                                  |                                                                                            |                                      |                                                                |                                          |        |      |                                                        |
| KY    |         |                                                  |                                                                                            |                                      |                                                                |                                          |        |      |                                                        |
| LA    |         |                                                  |                                                                                            |                                      |                                                                |                                          |        |      |                                                        |
| ME    |         |                                                  |                                                                                            |                                      |                                                                |                                          |        |      |                                                        |
| MD    |         |                                                  |                                                                                            |                                      |                                                                | <del></del>                              |        | :    |                                                        |
| MA    |         |                                                  |                                                                                            |                                      |                                                                |                                          |        |      | ,                                                      |
| MI    |         |                                                  |                                                                                            |                                      | <br>                                                           |                                          |        |      |                                                        |
| MN    |         |                                                  |                                                                                            |                                      |                                                                |                                          |        |      |                                                        |
| MS    |         |                                                  |                                                                                            |                                      |                                                                |                                          |        |      |                                                        |
| MO    |         |                                                  |                                                                                            |                                      |                                                                |                                          | ,      |      |                                                        |

# APPENDIX

| 1     | ] :      | 2                                                | 3                                                                                          |                                      |                                                                      | 4                                        | ··     |     | 5                                                      |
|-------|----------|--------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------|------------------------------------------|--------|-----|--------------------------------------------------------|
|       | non-acci | to sell to<br>credited<br>s in State<br>-Item 1) | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) |                                      | Type of investor and<br>amount purchased in State<br>(Part C-Item 2) |                                          |        |     | ification ate ULOE , attach ation of granted) -Item 1) |
| State | Yes      | No                                               | Series A Convertible Preferred Units                                                       | Number of<br>Accredited<br>Investors | Amount                                                               | Number of<br>Non-Accredited<br>Investors | Amount | Yes | No                                                     |
| МТ    |          |                                                  |                                                                                            |                                      | •                                                                    |                                          |        |     |                                                        |
| NE    |          |                                                  |                                                                                            |                                      |                                                                      |                                          |        |     |                                                        |
| NV    |          |                                                  |                                                                                            |                                      |                                                                      |                                          |        |     |                                                        |
| NH    |          |                                                  |                                                                                            |                                      |                                                                      |                                          |        |     |                                                        |
| ŊJ    |          |                                                  |                                                                                            |                                      |                                                                      |                                          |        |     |                                                        |
| NM    |          |                                                  |                                                                                            |                                      |                                                                      |                                          |        |     |                                                        |
| NY    |          |                                                  |                                                                                            |                                      |                                                                      |                                          |        |     |                                                        |
| NC    |          |                                                  | · .                                                                                        |                                      |                                                                      |                                          | ,      |     |                                                        |
| ND    |          |                                                  |                                                                                            |                                      | <u></u>                                                              |                                          |        |     |                                                        |
| ОН    |          |                                                  |                                                                                            |                                      |                                                                      |                                          |        |     |                                                        |
| ок    |          |                                                  |                                                                                            |                                      | <del></del>                                                          |                                          |        |     |                                                        |
| OR    |          |                                                  |                                                                                            |                                      |                                                                      |                                          |        |     |                                                        |
| PA    |          |                                                  | <u> </u>                                                                                   |                                      |                                                                      |                                          |        |     |                                                        |
| RI    |          |                                                  | • • • • • • • • • • • • • • • • • • •                                                      |                                      |                                                                      |                                          |        |     |                                                        |
| sc    |          |                                                  |                                                                                            |                                      |                                                                      |                                          |        |     |                                                        |
| SD    | ļ        | <u> </u>                                         |                                                                                            |                                      |                                                                      |                                          |        | ·   |                                                        |
| TN    |          |                                                  |                                                                                            | <del></del>                          |                                                                      |                                          |        |     |                                                        |
| TX    |          |                                                  |                                                                                            |                                      |                                                                      |                                          |        |     |                                                        |
| UT    |          |                                                  |                                                                                            |                                      |                                                                      |                                          |        |     |                                                        |
| VT    |          |                                                  |                                                                                            |                                      |                                                                      |                                          |        |     |                                                        |
| VA    |          |                                                  |                                                                                            |                                      |                                                                      |                                          |        |     |                                                        |
| AW    |          |                                                  |                                                                                            |                                      | ····                                                                 |                                          |        |     |                                                        |
| WV    |          |                                                  |                                                                                            |                                      |                                                                      |                                          |        |     |                                                        |
| WI    |          |                                                  |                                                                                            |                                      |                                                                      |                                          |        | -   |                                                        |
| WY    |          |                                                  |                                                                                            |                                      |                                                                      |                                          | EN     | L   |                                                        |
| PR    |          |                                                  |                                                                                            | <u> </u>                             |                                                                      |                                          |        |     |                                                        |